



## City of Frisco Special Events Application

*(Please fill out and complete electronically)*

### EVENT INFORMATION

Event Name (name used to advertise the event):

DAY 1 – Event Date:	Start Time:	End Time:
DAY 2 – Event Date:	Start Time:	End Time:
DAY 3 – Event Date:	Start Time:	End Time:
Event Set-Up Date:	Start Time:	End Time:
Event Tear Down Date:	Start Time:	End Time:

Type of Event (check all that apply):

<input type="checkbox"/> Bicycle	<input type="checkbox"/> Carnival	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Festival	<input type="checkbox"/> Fundraiser
<input type="checkbox"/> Parade	<input type="checkbox"/> Private Gathering	<input type="checkbox"/> Reception	<input type="checkbox"/> Rally /Run/Walk	<input type="checkbox"/> Timed Race
<input type="checkbox"/> Sporting Event	<input type="checkbox"/> Other (explain: _____)			

Event Location Name & Address:

Add Cross Streets & Boundaries for Non-Addressable Areas:

Is this a first time event: ☐ Yes ☐ No If No, has the event previously been held in Frisco: ☐ Yes ☐ No

When was it previously held in Frisco: \_\_\_\_\_ Were you the organizer: ☐ Yes ☐ No

Est. # of Participants: \_\_\_\_\_ Previous # of Participants: \_\_\_\_\_ Est. # of Frisco Hotel Rooms: \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name:		Organization Name:	
Address:			
City:		State:	ZIP Code:
Phone #:	Mobile Phone #:		Fax #:
Email:		On-Site Contact Mobile #:	
Type of Organization:			
<input type="checkbox"/> Charitable	<input type="checkbox"/> For-Profit	<input type="checkbox"/> Individual	<input type="checkbox"/> Non-Profit – 501(c)3 Tax ID#:
<input type="checkbox"/> Other (please describe): _____			

### SITE PLAN

Refer to Section 11 of the Special Events Ordinance

A detailed, to scale, site plan/map must be submitted with the application. Is this attached? ☐ Yes ☐ No



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### STREET CLOSURE INFORMATION Refer to Section 12 of the Special Events Ordinance

Does the event propose closing, blocking or using City streets and/or parking lots? ☐ Yes ☐ No

If Yes, please list all streets, intersections and parking lots that apply:

DAY 1 - Street Closings to begin on date:	Start Time:	End Time:
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DAY 2 - Street Closings to begin on date:	Start Time:	End Time:
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DAY 3 - Street Closings to begin on date:	Start Time:	End Time:
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Will any businesses be impacted by the proposed road closure? ☐ Yes ☐ No

Will any traffic signal operations be impacted by the event? ☐ Yes ☐ No

### PARKING Refer to Section 13 of the Special Events Ordinance

Does the event have sufficient parking to accommodate all the participants? ☐ Yes ☐ No

Please list all parking locations for the event:

Please include written verification from land owner(s) which provided permission for parking.

### POLICE / SECURITY SERVICES Refer to Section 14 of the Special Events Ordinance

Does the event desire to have Frisco Police Officers? ☐ Yes ☐ No If Yes, how many?

DAY 1 - Date:	Start Time:	End Time:
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DAY 2 - Date:	Start Time:	End Time:
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DAY 3 - Date:	Start Time:	End Time:
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List the locations for the desired Police Officers:

Will the event have non-Frisco Police Officers providing Security Services? ☐ Yes ☐ No

If Yes, please explain in detail:

### FIRE / EMERGENCY SERVICES Refer to Section 15 of the Special Events Ordinance

Will the event have private First Aid & Medical Services on-site? ☐ Yes ☐ No

If Yes, please list the provider and explain in detail:

Does the event desire to have Frisco Fire EMT personnel? ☐ Yes ☐ No If Yes, how many?

DAY 1 - Date:	Start Time:	End Time:
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DAY 2 - Date:	Start Time:	End Time:
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DAY 3 - Date:	Start Time:	End Time:
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### **FIREWORKS & PYROTECHNIC DISPLAYS** Refer to Section 16 of the Special Events Ordinance

Will the event have a Firework and/or Pyrotechnic display(s): ☐ Yes ☐ No

If Yes, please list the vendor, property owner and explain proposed show in detail:

### **TRASH & RECYCLING SERVICES** Refer to Section 17 of the Special Events Ordinance

Please provide a detailed written plan outlining how Trash & Recycling services

will be properly accounted for: (Attach separate sheet if necessary):

### **HEALTH & FOOD SAFETY / CONCESSION SERVICES** Refer to Section 18 of the Special Events Ordinance

Will event offer food/beverages? ☐ Yes ☐ No Will event require any food preparation on-site? ☐ Yes ☐ No

If Yes to either question, please list the provider, complete list of items offered and detail service process:

(Attach separate sheet if necessary)

### **ALCOHOLIC BEVERAGES** Refer to Section 19 of the Special Events Ordinance

Will the event provide, sell or distribute alcoholic beverages? ☐ Yes ☐ No

### **RESTROOM FACILITIES**

Refer to Section 20 of the Special Events Ordinance

Identify the # of permanent restroom facilities at event location? Male Female Other

List the location(s) of permanent restroom facilities:

Identify the # of portable restrooms being provided:

List the company:

List the location(s) of portable restroom facilities:

### **NOISE** Refer to Section 21 of the Special Events Ordinance

Will sound amplification be used at the event? ☐ Yes ☐ No

If Yes, check all that apply: ☐ Recorded Music ☐ Live Music ☐ Other, explain:

If Yes, explain in detail:



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### SIGNS

Refer to Section 22 of the Special Events Ordinance


### ELECTRICAL SERVICES

Refer to Section 23 of the Special Events Ordinance

How will electrical service be supplied? ☐ Generator ☐ Public Utilities ☐ Both

List contractor / supplier:

Explain services in detail:


### TEMPORARY TENTS & STRUCTURES

Refer to Section 24 of the Special Events Ordinance

Will the event have a tent(s) larger than 100 square feet? ☐ Yes ☐ No

List the # of tents & sizes:


### VENDOR SERVICES

Refer to Section 25 of the Special Events Ordinance

Will the event have Vendors on-site? ☐ Yes ☐ No

If Yes, list all vendor names, organizations and product/service:
